

THOMASTON PUBLIC SCHOOL REGISTRATION & HEALTH INFORMATION

Child's Name: _____ Date of Birth: _____
Last Name First Name Mid. Name Gen. Suffix
Gender: Male: Female Non-Binary: Place of Birth: City/State: _____

Resident Address: _____
Mailing Address (if different) _____

Home Phone: _____ Current Age: _____ Grade Entering: _____ U.S. Citizen? Yes No

Has your child been enrolled in Thomaston Public Schools in the past? Yes No (if yes last grade attended: (____))

Name of School your child is transferring from: _____

Race/Ethnicity (Federal Mandate)

Is your child Hispanic/Latino? Yes No (Check only one)

What is your child's race? (Check one or more, even if you answered "yes" to the Hispanic/Latino question)

American Indian or Alaska Native Asian Black/African American Native Hawaiian or Pacific Islander White

What Language did your child learn to speak first? _____

Predominant language spoken at home: _____

Predominant language spoken by student at home? _____

Student's Physician: _____
Address: _____ Phone Number: _____
Student's Dentist: _____
Address: _____ Phone Number: _____
Hospital Preference: _____

Child lives with: Both Parents Mother Father Stepmother Stepfather Guardian Foster Parents

Mother's Name: _____ Mother's Address: _____
Email Address: _____ Home Phone: _____ Cell Phone: _____
Employer: _____ Work Phone: _____

Father's Name: _____ Father's Address: _____
Email Address: _____ Home Phone: _____ Cell Phone: _____
Employer: _____ Work Phone: _____

Guardian - Foster Parents - Step Parent

Name: _____ Address: _____
Email Address: _____ Home Phone: _____ Cell Phone: _____
Employer: _____ Work Phone: _____

Guardian - Foster Parents - Step Parent

Name: _____ Address: _____
Email Address: _____ Home Phone: _____ Cell Phone: _____
Employer: _____ Work Phone: _____

Child's Name: _____

Date of Birth: _____

If parents are separated/divorced, name of parent who has custody of the child: _____

Custody Arrangement: _____

Assignment by which court? _____ Date: _____

Emergency Contacts (If parents cannot be reached, list in order who should be contacted to make decisions or pick up child from school):

Name	Relation	Daytime Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Does child have health insurance? Yes No Insurance Company: _____

Please check off all that currently apply to your child:

Bee Sting Allergy: EpiPen Yes No Reaction: _____

Asthma Yes No Inhaler Requirement Yes No Type: _____

Diabetes: _____

Seizure Disorder Type: _____

Food Allergy List: _____ EpiPen: Yes No

Medication Allergies List: _____

Frequent ear infections: Yes No Hearing Lose: Yes No Ear Surgery: Yes No
Currently have ear tubes: Yes No

Does your child require preferential seating: Yes No

Does your child wear Glasses: Yes No IF YES: All the time Reading only Board work

Does your child wear contacts: Yes No

Please note any other significant medical conditions/injuries: _____

Is the student on any medication? Yes No

If yes, Please list: _____

If a student's needs to take medication during the school day, please contact school nurse for proper forms. Students are not allowed to bring any medication prescription or over-the-counter with them to school.

I give permission for the release of information for confidential use in meeting my child's health needs while in school, including permission to share pertinent health information with the Bus Company and/or physician and teachers/staff. In the case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements are deemed necessary.

Parent's Signature: _____ Date: _____

PARENT PERMISSIONS REQUIRED:

Parent/Student Handbook *

In order to promote a safe, welcoming environment in our schools, we expect students and parents to assume responsibility for the policies and procedures outlined in our handbook which can be found at www.thomastonschools.org. If you would like to receive a paper copy, please contact the school office. Parent/Student Handbook can be found here: <https://www.thomastonschools.org/theme/files/BOE/2020-2021%20Parent%20Student%20Handbook.pdf>

I AGREE **YES** **NO**

COVID-19 Guidelines -Appendix for 2020-21 Parent/Student Handbook. *

I have read and understand the COVID-19 guidelines appendix to the Parent/Student Handbook.

BRS: https://www.thomastonschools.org/theme/files/BOE/COVID/Reopening%20Handbook%20COVID%202020-2021%20Updated%208_26_20.pdf TCS: [https://www.thomastonschools.org/theme/files/BOE/COVID/Reopening%20Our%20School%20TCS%20COVID%20Handbook%20\(1\).pdf](https://www.thomastonschools.org/theme/files/BOE/COVID/Reopening%20Our%20School%20TCS%20COVID%20Handbook%20(1).pdf) THS: https://www.thomastonschools.org/theme/files/BOE/COVID/Reopening%20Our%20School%20THS%20COVID%20Handbook%209_4_2020.pdf **I AGREE** **Yes** **No**

Acceptable Use Internet Permissions *

I understand and will abide by the Internet Use Agreement which can be found at www.thomastonschools.org. I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action. Internet Use Policy can be found

here: <https://www.thomastonschools.org/theme/files/Acceptable%20Use%20Internet%20Permissions.pdf>

I AGREE **YES** **NO**

Permission to Photograph *

Throughout the year students in our schools are photographed during learning activities and special events. The purpose is to share with parents, families and our community the wonderful opportunities afforded students in the Thomaston Public Schools. Newsworthy photos and pictures may be published in publications such as our school newsletter, district website, and in local newspapers. **I AGREE** **YES** **NO**

Local Field Trips *

Occasionally, students participate in activities that require them to travel within the town of Thomaston in order to participate. This may involve visiting another school within the district, visiting the public library or other town building, or a trip to a local park. Notification of such trips will be given prior to each event. By signing this permission slip, you are granting permission for child to participate in such a trip either on foot or by bus (bus transportation provided by All-Star Transportation). Field trips outside of the town of Thomaston will require completion of a separate permission form.

I AGREE **YES** **NO**

FERPA Directory of Information *

A request for directory information about high school students is often made. Such information would include a student's name, address and telephone number, date of birth, parents' names, homeroom, guidance counselor, etc. The primary use for Directory Information by the district is to include this type of information in certain school publications. IT IS NOT GENERALLY CONSIDERED HARMFUL OR AN INVASION OF PRIVACY IF RELEASED. If you refuse permission, your child's name will not appear in the following school-related publications: A playbill or program, showing your child's role in a drama or music production-The annual yearbook-Honor roll or other recognition lists published at school or in newspapers-Graduation programs-Sports statistics listed in programs. According to Section 504 of the Family Educational Rights and Privacy Act (FERPA) you have the right to have such personally identifiable data or information kept confidential. For example, you may refuse to allow Student Directory Information to be released, but you must express that refusal annually. To assist you in exercising your right to refuse disclosure of "directory information" you are being asked to respond YES or NO to the question " Directory of Information Release" **I AGREE** **YES** **NO**